

Foster Family Home - Corrective Action Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

92-669 Palailai Street

Kapolei

HI 96707

Review ID: 1-513334-5

Reviewer: Lori O'Keefe

Begin Date: 9/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Home inspection for this 2 bed home completed today 9/12/19. Home is in full compliance with all requirements and is eligible for 3 bed recertification.

2 box RW

Lori O'Keefe RN
Compliance Manager

Magdalena
Primary Care Giver

9/12/19
Date

9/12/19
Date